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APPLICANTS

Xin Jiang, Saratoga, CA;
 Shanya D. Becha, San Francisco, CA;
 Sean A. Bulloch, Anaheim, CA;
 Hsin-Ru Chang, Belmont, CA;
 Narinder K. Chawla, Union City, CA;
 Vicki S. Elliott, San Jose, CA;
 Brooke M. Emerling, Chicago, IL;
 Kimberly J. Gietzen, San Jose, CA;
 April J.A. Hafalia, Daly City, CA;
 Alan A. Jackson, Los Gatos, CA;
 Amy E. Kable, Silver Spring, MD;
 Reena Khare, Saratoga, CA;
 Soo Yeun Lee, Mountain View, CA;
 Joseph P. Marquis, San Jose, CA;
 Jaji Murage, San Jose, CA; Jaji Murage M.M.
 Anita Swarnakar, San Francisco, CA;
 Yonghong G. Yang, San Jose, CA;

**** CONTINUING DATA *******

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**** FOREIGN APPLICATIONS *********** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

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Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged	/MARYAM MONSHIPOURI/ Examiner's Signature			Initials	CA	0	1	1

ADDRESS

FOLEY AND LARDNER LLP
 SUITE 500
 3000 K STREET NW
 WASHINGTON, DC 20007
 UNITED STATES

TITLE

Lipid-associated molecules		
FILING FEE RECEIVED 1780	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit